## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-27-2010</u>	Address:	Pike County Jail
Case #:	<u>35F30799</u>		100 South 4th
County:	<u>Pike</u>		Petersburg IN 47567
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s):	sir, etc)	
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Garage			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
⊠ Corrosi	ve Acid: Garage		
Corrosi	ve Base:		
Other (i	item and location):		
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip —
This repor	t is to be faxed to the following age	ncies that serve the l	ocation:
Fire Depart	tment: Petersburg VFD	Fax:	
Health Department: Pike Co HD		Fax: <u>812-3</u> Fax: <u>812-3</u>	
Child Prote	ection Service: Pike Co CPS		
	information regarding this methampling Officer: M/Tpr Doug Humphrey	• •	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.